

09/462024

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral)
☐ Canceled
☐ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

CLASS

TITLE

APPEAL

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 PTO-43

Claim	Date	Claim	Date	Claim	Date
1		51		101	
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50		100		150	

If more than 150 claims or 10 actions
 staple additional sheet here

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